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## Notes

The tables in this section provide data on the outcomes of disabled-worker applications. The data on applications are derived from the Social Security Administration's (SSA's) Disability Research File (DRF) maintained by the Office of Disability Programs. Each year the DRF is updated with information about applications for disability benefits that is then used to determine the outcome of those applications. The outcome data in these tables are reported by year of filing and include decisions made through the administrative appeals process.

Table 50 shows the total number of applications filed in a year, the number denied for nonmedical reasons before a medical decision is made (technical denials), the number that are pending a final decision, the outcome of applications for which a medical allowance or denial was made, and award and allowance rates. Applications for which a medical allowance or denial decision was made but were subsequently denied for nonmedical reasons are shown under the medical decision header as subsequent denials. The most common nonmedical reason for denying a claim is insufficient number of recent work credits.

The allowance rate is calculated by dividing the number of medical allowances (including subsequent technical denials) by the total number of medical decisions made for a 1-year cohort. The award rate is a broader program measure that is calculated as the number of allowances minus subsequent denials divided by total applications (minus pending claims) filed for a given year.

Claims that remain pending after 6 years are probably the result of imperfect data rather than excessive delays in the decisionmaking process. It is highly probable that decisions have been rendered on most of the older claims. For more recent years, the award and allowance rates will change as decisions are made on pending claims.

Tables 51–53 show the allowance rate for Social Security only and the Social Security portion of concurrent (a claim for both Social Security and SSI disability benefits) applications, one for each level in the administrative decisionmaking process, that is, initial, reconsideration, and hearing or higher level.

Beginning with 2000, the proportion of claims awarded at each level of the process changed as a result of the Prototype Process being tested in 10 states. Under this test, the reconsideration step of the appeals process was eliminated for applications filed October 1, 1999, or later. Elimination of the reconsideration level in these states results in a decrease in the aggregate proportion of claims awarded at this step.

This section includes one table that shows the reason for medical allowance and one that shows reason for medical denial (Tables 54 and 55). The reasons are derived from the sequential evaluation process used by decisionmakers. SSA maintains a list of impairments that are considered disabling under its regulations. An applicant can be found to be disabled if he or she:

- Has a listed impairment,
- Has a severe impairment that is equal to a listed impairment,
- Has a severe impairment when medical and vocational factors are considered, or
- Had previously established entitlement to a disability benefit.

An applicant can be denied benefits if he or she:

- Has an impairment that is not expected to last 12 months,
  - Has an impairment that is not considered severe,
  - Is able to perform his or her usual type of work,
  - Is able to perform another type of work, or
  - Has an impairment resulting from drug addiction or alcoholism, provides insufficient medical evidence, fails to cooperate, fails to follow prescribed treatment, does not want to continue development of the claim, or returns to substantial work before disability can be established.
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